Major Disaster Leave (MDL) Program
COVID-19 Pandemic

Leave Donation Request

Number of vacation hours requested: [________] (maximum of 80 hours)

I understand that receipt of any donated vacation is subject to my eligibility and its availability. I also understand that use of donated leave is allowed only during the period of the major disaster leave plan, and for purposes related to the major disaster. Unused donated leave will be forfeited upon the earlier of conclusion of the major disaster leave plan or separation from employment.

By signing below, I confirm that I have suffered serious adverse effects from this major disaster, affecting me or a family member, that has prevented me from working.

☐ The disaster has caused severe hardship to me or to my family member that requires me to be absent from work due to the following:
   __________________________________________________________________________
   __________________________________________________________________________

☐ I do not have the ability to telecommute or adjust my work schedule or am unable to work my full schedule. I expect to be unable to work _____ hours per day between the dates specified: From ___________ to ________________.

☐ I have less than 40 hours of accrued vacation leave. I understand that I must exhaust all accrued vacation leave before using donated vacation leave.

- I have read the Leave Donation Policy.
- I certify that I have not provided notice of resignation or retirement or been given notice of termination.
- I have read the Major Disaster Leave Program document.
- I understand that donated hours cannot be used retroactively or cashed out.

____________________  _________________________
EMPLOYEE ID        EMPLOYEE NAME

___________________________
EMPLOYEE SIGNATURE

___________________________
DATE

HUMAN RESOURCES APPROVAL:
ACCRUED VACATION HOURS: __________________________
NUMBER OF HOURS APPROVED: __________________________
APPROVAL: __________________________

HUMAN RESOURCES REPRESENTATIVE